



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

February 20, 2008

David Nutt, Administrator
Autumn Years at Boise, Seniorcare Turlock/Boise, LLC
10172 W Smoke Ranch Drive
Boise, ID 83709

License #: RC-877

Dear Mr. Nutt:

On January 17, 2008, a complaint investigation survey was conducted at Autumn Years at Boise, Seniorcare Turlock/Boise, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Rachel Corey, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

RACHEL COREY, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

RC/sc



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January 30, 2008

CERTIFIED MAIL #: 7005 1160 0000 1506 8004

James Varnadoe, Administrator
Autumn Years at Boise, Seniorcare Turlock/Boise, LLC
10172 W Smoke Ranch Drive
Boise, ID 83709

Dear Mr. Varnadoe:

Based on the complaint investigation survey conducted by our staff at Autumn Years at Boise, Seniorcare Turlock/Boise, LLC on **January 17, 2008**, we have determined that the facility failed to retain a licensed administrator responsible for the day-to-day operations for a period more than 30 days.

This core issue deficiency substantially limits the capacity of Autumn Years at Boise, Seniorcare Turlock/Boise, LLC to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **March 2, 2008**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **February 12, 2008**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**February 12, 2008**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **February 12, 2008**, your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **February 17, 2008**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Autumn Years At Boise, Seniorcare Turlock/boise, Llc.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/sc

Enclosure

c: Lynne Denne, Program Manager, Regional Medicaid Services, Region IV - DHW

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R877	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/17/2008
NAME OF PROVIDER OR SUPPLIER AUTUMN YEARS AT BOISE, SENIORCARE TUI			STREET ADDRESS, CITY, STATE, ZIP CODE 10172 W SMOKE RANCH DRIVE BOISE, ID 83709		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R 000	Initial Comments The following deficiency was cited during the complaint investigation survey conducted at your residential care/assisted living facility. The surveyors conducting your complaint survey were: Rachel Corey R.N. Team Coordinator Health Facility Surveyor Debbie Sholley L.S.W. Health Facility Surveyor	R 000			
R 004	16.03.22.215.03 Licensed Administrator Requirement - 30 Days The facility may not operate for more than thirty (30) days without a licensed administrator. This Rule is not met as evidenced by: Based on interview and observation it was determined the facility failed to retain a licensed administrator responsible for the day-to-day operations for a period more than 30 days. On 1/17/08 at 9:55 a.m., the house manager confirmed there had been no administrator for approximately five months. She stated when the previous administrator resigned, an administrator over another assisted living facility came to act as the administrator over the facility approximately one to two months ago. On 1/17/08 at 10:30, the acting administrator stated he had been acting as the administrator at the facility for approximately four months, but was the administrator at another facility. He stated he had applied for a variance and thought it had	R 004			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R877	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/17/2008
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R 004	<p>Continued From page 1</p> <p>been approved. He further stated he would provide documentation to surveyors.</p> <p>On 1/17/08 at 10:45 a.m., a call in to Licensing and Certification, revealed a variance was not granted for the facility to have an administrator acting over two facilities. The acting administrator was found not to be eligible for a variance to oversee two facilities.</p> <p>On 1/17/08 at 11:00 a.m., the acting administrator provided surveyors with copies of emails sent to Licensing and Certification regarding the process of applying for a variance to be an administrator over more than one facility. The emails documented on 9/28/07, the facility was notified from Licensing and Certification that the required paperwork for the variance would need to be sent to Licensing and Certification rather than faxed. An e-mail dated January 17th, 2008 from the President of Operations to the acting administrator, documented, "I mailed it to [Licensing and Certification] on 9/28 or 9/29. I never heard anything else, so I thought everything was done."</p> <p>The facility had operated without a licensed administrator responsible for the day-to-day operations for more than 30 days.</p>	R 004			



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January 30, 2008

James Varnadoe, Administrator
Autumn Years at Boise
10172 W Smoke Ranch Drive
Boise, ID 83709

Dear Mr. Varnadoe:

On January 17, 2008, a complaint investigation survey was conducted at Autumn Years at Boise, Seniorcare Turlock/Boise, LLC. The survey was conducted by Rachel Corey, RN and Debra Sholley, LSW. This report outlines the findings of our investigation.

Complaint # ID00003183

Allegation #1: Residents on pureed diets were not provided meals comparable to a regular diet.

Findings: Based on observation, interview and record review, it could not be determined residents on pureed diets were not provided with meals comparable to a regular diet.

On January 17, 2008 at 8:15 a.m., the house manager stated, "Residents on pureed diets get the same meals as those on a regular diet, but the food is just pureed."

On January 17, 2008 at 11:55 a.m., it was observed the pureed lunch consisted of pureed roast beef, green peas, mashed potatoes, bread and jello.

On January 17, 2008, the menu was reviewed and the scheduled regular lunch was congruent with the pureed meal observed.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The facility was operating for more than thirty days without an administrator.

Findings: Based on interview, it was determined the facility was operating for more than thirty days without a licensed administrator.

On January 17, 2008 at 9:55 a.m., the house manager confirmed there had been no administrator for approximately five months. She stated when the previous administrator resigned, an administrator over another assisted living facility came to act as the administrator over the facility approximately one to two months ago.

On January 17, 2008 at 10:30, the acting administrator stated he had been acting as the administrator at the facility for approximately four months, but was the administrator at another facility.

On January 17, 2008 at 10:45 a.m., a call in to Licensing and Certification, revealed a variance was not granted for the facility to have an administrator acting over two facilities.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.03. for operating for more than thirty days without a licensed administrator. The facility was required to submit a plan of correction.

Allegation #3: Milk was not available to residents.

Findings: Based on observation and interview, it could not be determined the facility did not supply milk to residents.

On January 17, 2008 at 8:15 a.m., an approximate two-day supply of milk was observed in refrigerator at the nurses station. The house manager at this time stated the nurses station was used to keep snacks and beverages for the residents.

On January 17, 2008 at 9:35 a.m., the house manager stated on two occasions the facility had ran out of milk, before the next scheduled delivery of milk. As a result, a staff member immediately went to the store to buy milk for the residents.

On January 17, 2008 at 11:55 a.m., it was observed several residents were drinking milk with lunch.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #4: Walls in dish washing area were not of such character to permit cleaning.

Findings: Based on observation, it was determined that walls in dish washing area were not of such character as to permit cleaning.

On January 17, 2008 at 10:20 a.m., it was observed the dry wall above the sink in the dish washing area was chipped off. Approximately four feet of dark brown/blackish substance was observed on walls where the dry wall was lacking.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.250.05 for having walls in the dish washing area, which were not of such character to permit cleaning.. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility did not have a kitchen available to meet the dietary needs of the residents.

Findings: Based on observation and interview, it could not be determined the facility did not have a kitchen available to meet the needs of the residents.

On January 17, 2008 at 9: 35 a.m., the house manager stated food is prepared at a kitchen in a neighboring facility then transported to the facility's kitchen with the use of steam tables, and served to the residents. She further stated, the nurse's station stored snacks and beverages for residents between meals.

On January 17, 2008 at 9:10 a.m., the nurses station was observed to contain a refrigerator with juice, milk and nutritional drinks. Cereal, cookies and fruit were observed in the cupboards at the station. Coffee was also present.

On January 17, 2008 between 8:00 a.m., and 4 p.m., two meals were observed. Meals were observed to be in sufficient quantity and were congruent with the planned menu. Steam was observed rising from resident's lunch plates. Residents were observed eating meals without any complaints.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



RACHEL COREY, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

RC/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Rachel Corey, RN, Health Facility Surveyor



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January 30, 2008

James Varnadoe, Administrator
Autumn Years at Boise
10172 West Smoke Ranch Drive
Boise, ID 83709

Dear Mr. Varnadoe:

On January 17, 2008, a complaint investigation survey was conducted at Autumn Years at Boise, Seniorcare Turlock/Boise, LLC. The survey was conducted by Rachel Corey, RN and Debra Sholley, LSW. This report outlines the findings of our investigation.

Complaint # ID00003302

Allegation #1: Lack of supervision caused an indentified resident to fall repeatedly.

Findings: Based on observation, interview and record review, it could not be determined lack of supervision caused an indentified resident to fall repeatedly.

On January 17, 2008 at 11:30 a.m., the house manager stated a tag alarm was utilized to prevent falls for the indentified resident and all residents at risk for falls. She further stated, the husband of the resident would frequently take the tag alarm off of the resident or try to assist the resident to the bathroom without asking for help, which had contributed to past falls. As a result, the indentified resident was kept in the dining room area for activities and meals during the day, where she could be monitored frequently. She further stated, staff conducted rounds at a minimum of every two hours to monitor residents. The house manager stated after the most recent fall with the indentified resident, staff did 30 minute checks on the resident and documented the checks on a strip of tape inside the resident's room.

On January 17, 2008, review of all ADL's Sheets, revealed staff documented tag alarm was in place on wheel chair at 7 a.m., and utilized on bed at 8 p.m.

On January 17, 2008, the incident reports and progress notes documented with each fall the physician was notified, or emergency services were utilized appropriately.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation. However, the facility was issued a deficiency at 16.03.22.350.02 for not conducting an investigation after each incident. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility failed to report all reportable incidents to Licensing and Certification.

Findings: Based on record review, it was determined the facility failed to report all reportable incidents to Licensing and Certification.

On January 17, 2008, incident reports were reviewed and compared with those incidents reported to Licensing and Certification. Not all reportable incidents were reported to Licensing and Certification.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.7 for not reporting all reportable incidents to Licensing and Certification. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility did not implement physician's orders to obtain a urine culture after an identified resident experienced a change in condition.

Allegation: Based on record review, it could not be determined the facility did not implement physician's orders to obtain a urine culture after an identified resident experienced a change in condition.

On January 17, 2008, review of the identified resident's history and physical, dated November 26, 2007, documented the physician had determined a urine culture was not appropriate due to lack of symptoms exhibited by the identified resident, despite a family member's request to obtain the culture.

On January 17, 2008, a random resident's record was reviewed who had experienced a change in condition. A fax cover sheet dated October 18, 2007, documented the physician had been notified of the resident's transfer to the emergency room and of a new antibiotic order received from the emergency room. Further, the new orders from the resident's emergency room visit were present and congruent with the resident's October medication record. Additionally, the medication record documented the appropriate antibiotics were given as ordered.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

James Varnadoe, Administrator
January 30, 2008
Page 3 of 3

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rachel Corey', is written over the printed name.

RACHEL COREY, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

RC/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Rachel Corey, RN, Health Facility Surveyor



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Autumn Years at Boise	Physical Address 10172 W. Shoke Branch Drive	Phone Number 208-322-0955
Administrator Carolyn Phillips - Unit Manager	City Boise, ID	ZIP Code 83709
Survey Team Leader Rachel Corey	Survey Type Complaint	Survey Date 1/18/08

NON-CORE ISSUES

[illegible]

Response Required Date	Signature of Facility Representative	Date Signed
2/17/08	Carolyn Phillips Autumn/Leas Coordinator	2/17/08